

## POWER OF ATTORNEY

Please print the information below. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Business Location Address Only (No PO Box Number)	City	State	ZIP Code

### Acceptance of New Power of Attorney

Effective Date of Acceptance _____	<input type="checkbox"/> SIDES (To add employer account information to SIDES)
Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance Division.	
Power of Attorney Complete Name and Address (No Abbreviations)	

Complete Mailing Address For UI Premium Information	Telephone Number
---	------------------

Complete only if the benefits mailing address is different from the premiums mailing address you provided above.

Complete Mailing Address For UI Benefits Information	Telephone Number
--	------------------

### Power-of-Attorney Signature

Print Name of the Power of Attorney Representative (Required)	Title
Power of Attorney Representative Signature (Required)	Date

### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.	
Print Name of the Employer Official (Required)	Title
Signature of Employer Official (Required)	*Date

To be completed by notary public to authenticate employer signature

City of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.  
State of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_ Notary Public

\* Additional input must be received within 6-months from the date in the Employer Approval section.

Office Use Only	Date	Q-Identification Number
Power of attorney is approved and input into the UI system.		

## INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

### Employer Information

**Employer Name:** Type the entity name or business name.

**Trade Name:** Type the doing-business-as name or trade name.

**Employer Account Number:** Type the 9-digit Colorado unemployment insurance (UI) premium account number. The power of attorney will not be processed or approved if this account number is not provided.

**Business Location Address Only (No PO Boxes):** Type the entity's or business's location address.

### Acceptance of New Power of Attorney

**Effective Date of Acceptance:** Complete this section if you want to name or change an entity or individual to have power of attorney. If you complete this section, you must provide an effective date.

**SIDES:** State Information Data Exchange System. By participating in this system, you will receive and respond to the electronic version of form UIB-290, Colorado's Request For Facts About A Former Employee's Employment. To find out more information about SIDES go to <http://info.uisides.org>. It is strongly recommended that you participate in the SIDES system.

**For UI premium-related information:** Complete this section if you want to accept power of attorney for UI premium-related information only.

**For UI benefits-related information:** Complete this section if you want to accept power of attorney for UI benefit-related information only.

**Power of Attorney Complete Name and Address:** Type the name and address of the entity or individual you want to accept as the power of attorney. Do not list an individual's name unless that is the business name.

**NOTE:** If you have an existing power of attorney and the UI Division approves your acceptance of a new power of attorney, the new power of attorney automatically replaces the existing power of attorney for the purposes you indicate on this form.

**Premiums:** The word premium replaces the word tax.

### Mailing-Address Information

**Complete Mailing Address:** For UI premium information and/or forms such as the UITR-7 Unemployment Insurance Rate Notice, UITR-1 Your Quarterly Report of Wages Paid and Premiums Owed, UITR-1a Unemployment Insurance Report of Workers Wages, and UITR-2 Unemployment Insurance Statement of Payment Due, or any other premium forms you must provide the complete mailing address regardless of whether you are adding or changing a power of attorney. This information must be completed to ensure that UI correspondence is sent to the address of the entity or individual who will be responsible for UI correspondence. Provide a second mailing address only if you want the UI benefits-related information sent to a mailing address different from the mailing address used for premium-related information.

**NOTE:** You are responsible for ensuring that any UI correspondence that is sent to an incorrect mailing address is properly forwarded.

### Power-of-Attorney Signature

**New Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** provide his or her name and title and sign and date the form in order to make this a valid document.

### Employer Approval

**Signature of Employer Official:** The employer **must** sign this form to accept an entity or individual as the power of attorney. The employer official's name, title, signature, and date of signature are required to make this a valid document. The power of attorney will **not** be processed or approved unless your signature on this form is notarized.

### Discontinuation of Power of Attorney

If you elect to discontinue a power of attorney without accepting a new power of attorney, submit a written request to the UI Division at the above address.